

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. APPLICANT(S)		FILING DATE			
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1	X					51					
2	X					52					
3	X					53					
4	/					54					
5	X					55					
6	X					56					
7	X					57					
8	X					58					
9	X					59					
10	X					60					
11	X					61					
12	X					62					
13	/					63					
14	X					64					
15	X					65					
16	X					66					
17	/					67					
18	/					68					
19	/					69					
20	/					70					
21	/					71					
22	/					72					
23	/					73					
24	/					74					
25	/					75					
26	/					76					
27	/					77					
28	/					78					
29	/					79					
30	/					80					
31	/					81					
32	/					82					
33	/					83					
34	/					84					
35	/					85					
36	/					86					
37	/					87					
38	/					88					
39	/					89					
40	/					90					
41	/					91					
42	/					92					
43	/					93					
44	/					94					
45	/					95					
46	/					96					
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL IND.	7					TOTAL IND.					
TOTAL DEP.	26					TOTAL DEP.					
TOTAL CLAIMS	33					TOTAL CLAIMS					